



## Foreign Winery or Importer Registration

### Section 1. General Information

*Note: If the applicant is an individual, list the individual's name below. If the applicant is a partnership, limited liability partnership (LLP), corporation, or limited liability company (LLC), list the business' name below.*

Name of Applicant(s) \_\_\_\_\_

Federal Employer Identification Number

 - 

**OR**

Social Security Number

 -  - 

Business Name \_\_\_\_\_

Contact Person \_\_\_\_\_

Telephone \_\_\_\_\_ Fax \_\_\_\_\_

Cell Phone \_\_\_\_\_ Email Address \_\_\_\_\_

☐ Check this box if you prefer to receive an annual reminder email to complete your renewal electronically.

Location of Principal Place of Business \_\_\_\_\_  
(Street Address, City, State and Zip Code)

Mailing Address \_\_\_\_\_  
(Street Address, City, State and Zip Code)

### Section 2. Type of Transaction and Fees

► Please indicate the type of transaction in the boxes below and then complete the fee information.

☐ New Registration      ☐ Transfer of Ownership      ☐ Corporate Change

► Please indicate below the number of cases you intend to ship into Montana and send the appropriate registration fee with this application. **Important:** Any changes in the number of cases you ship into Montana during the October 1-September 30 license year need to be reported on your annual renewal application.

Number of Cases	Fee	Number of Cases	Fee
<input type="checkbox"/> 0-60 Cases	No Charge	<input type="checkbox"/> 1001-2000 Cases	\$300
<input type="checkbox"/> 61-500 Cases	\$100	<input type="checkbox"/> 2001+ Cases	\$400
<input type="checkbox"/> 501-1000 Cases	\$200		

► In order to ship table wine directly to a consumer in Montana, a winery must hold a Direct Shipment Endorsement. This is not applicable to importers. Please check the box below and include the fee in the total amount enclosed if this is your intent.

☐ Direct Shipment Endorsement      \$50

Total Amount Enclosed      \$ \_\_\_\_\_



\*13MR0101\*

### Section 3. Corporate Statement

All entities, except sole proprietorships, need to complete the following information for all shareholders, members or partners (please include additional pages if necessary).

Please Print

1	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
2	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
3	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership
4	Shareholder, Member or Partner Name	SSN
	Address	
	Date of Birth	Actual Number of Shares and % of Ownership

### Officers and Directors

1	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
2	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
3	Officer or Director Name	SSN
	Address	
	Date of Birth	Title
4	Officer or Director Name	SSN
	Address	
	Date of Birth	Title



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## Section 4. Questions

1. Are you a:

☐

winery (means a manufacturer of wine) OR

☐

an importer (means an entity that imports another manufacturer's product)?

*Please be aware that an importer may ship only to licensed table wine distributors.*

2. Does any applicant, member, shareholder or partner have ownership in a retail liquor license, agency liquor store, beer wholesaler or table wine distributor in Montana?

☐

Yes If yes, please explain \_\_\_\_\_

☐

No

*A winery cannot hold any financial ownership or operational control in an agency liquor store, any retail liquor license, beer wholesaler or table wine distributor license in Montana.*

3. Do you intend to ship directly to consumers?

☐

Yes If yes, you will need to obtain a Direct Shipment Endorsement.

☐

No

*An importer may not ship to consumers.*

*A winery may sell and ship up to 18 nine-liter cases of table wine annually per individual consumer.*

## Section 5. Brands-Table Wine Distributors

*Please be aware that all products must be approved by Montana Department of Revenue prior to shipping.*

1. List the name and address of any bonded wine warehouse you (with a direct shipment endorsement) may use to fill table wine orders shipped to individuals in Montana.

*(Include an additional sheet if necessary)*

Warehouse Name	Street Address, City, State ZIP



\*13MR0301\*

2. List all licensed Montana table wine distributors that will distribute your products. If you do not use a Montana licensed distributor and ship only to consumers, enter "N/A."

Name	Montana Liquor License Number	City/Town

*Please be aware that a winery licensed in Montana will need to report the amount of wine that it shipped in the state on or before the 15th of the month for the previous month.*

**The following items need to be included with your application:**

- Copies of Alcohol and Tobacco, Tax and Trade Bureau (TTB) label approvals for each brand of wine, for department approval prior to distributing in the State of Montana. (This includes varieties such as Chardonnay, Sauvignon Blanc, Merlot, etc. of each particular brand.);
- A copy of your basic permit issued by TTB;
- Written agreements with each Montana table wine distributor, as outlined in Montana Code Annotated 16-3-416. The laws can be found online at [www.leg.mt.gov/bills/mca/16/3/16-3-416.htm](http://www.leg.mt.gov/bills/mca/16/3/16-3-416.htm).
- Written acknowledgment that you will contract only with common carriers that agree to deliver table wine only to individuals in Montana who are at least 21 years of age and who sign a form acknowledging receipt of the table wine.

**Section 6. Declaration and Affidavit**

I declare under penalty of false swearing that I am the applicant or the duly authorized representative of the entity making this application, and that the responses provided, including any accompanying information, are true, correct and complete.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Title

**Mail completed application and all required and applicable documents to:**

Montana Department of Revenue  
Liquor Control Division  
PO Box 1712  
Helena, MT 59624-1712

**Questions?** Call us toll free at 1-866-859-2254, or fax 406-444-0722.



File, pay, and view your past returns and transactions online  
**TAXPAYER ACCESS POINT | <https://tap.dor.mt.gov>**



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